

State of Maryland Employees and Retirees Health and Welfare Benefits Program Medical Plan Changes Effective July 1, 2012

Quick Facts:

- The Program covers over 70,000 active employees and nearly 40,000 retirees and their eligible dependents
- Total Program medical costs for Fiscal Year 2011 were \$1.2 billion and FY2012 medical costs are projected to be nearly 5% higher
- Projected medical costs for FY13 are anticipated to be 6% higher than FY12
- Emergency room use for non-emergency conditions increased over 6% over the past two fiscal years

	Current		Effective July 1, 2012	
PPO and POS Plans Only	In-Network	Out of Network	In-Network	Out of Network
Plan Year Deductible Per Individual	\$0	\$250	\$0	\$250
Family Combined Maximum	Not applicable	\$500	Not applicable	\$500
Coinsurance Percentage	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Plan Year Out of Pocket Max Per Individual	Not Applicable	\$3,000	\$1,000	\$3,000
Family Combined Maximum	Not Applicable	\$6,000	\$2,000	\$6,000

PPO, POS & EPO Plans	Current	Effective July 1, 2012
	In-Network Per Visit Copay	In-Network Per Visit Copay
Specialist Office Visit	\$25	\$30
Urgent Care Facility	\$20	\$30
Emergency Room Physician Services Copay plus Facility Copay	\$50 plus \$50	\$75 plus \$75

- Coinsurance does not apply to services where only a copay is charged (such as a routine office visit or specialist visit).
- Preventive care that is currently covered in full in network under healthcare reform remains covered in full with no copay. For example, a well-child visit is covered in full with no copay if provided in network; this does not change.
- The copay for a Primary Care Provider remains \$15 per office visit.
- All changes noted above apply to both active employees and retirees.
- Benefits for active employees in Bargaining Unit I (SLEOLA) are undetermined at this time.